

Bureau of Health Care Quality and Compliance

Approved POC on 4/11/11 AE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3643AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/02/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>HACIENDA HILL MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5544 SURREY STREET LAS VEGAS, NV 89119</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 000	<p><b>Initial Comments</b></p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 2/2/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for six Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and five employee files were reviewed. No discharged resident file was reviewed.</p> <p>The facility received a grade of A.</p> <p>The following deficiencies were identified:</p>	Y 000			
Y 103 SS=E	<p>449.200(1)(d) Personnel File - NAC 441A / Tuberculosis</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p>	Y 103 AE OK	<p><b>Y103. EMPLOYEE #2</b> <b>GOT HER PHYSICAL ON</b> <b>02/17/11 AND EMPLOYEE #5</b> <b>ON 02/25/11. I HAD A</b> <b>MEETING WITH THE OWNER</b> <b>AND ALL EMPLOYEES TO</b> <b>MAKE SURE THAT THE</b> <b>FILES OF ALL EMPLOYEES WILL</b> <b>BE REVIEWED EVERY 3 MONTHS</b></p>		

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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Wendy Administrator*

(X6) DATE

2-23-2011

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Y 103	Continued From page 1  This Regulation is not met as evidenced by: Based on record review on 2/2/11, the facility failed to ensure 2 of 5 caregivers complied with NAC 441A.375 regarding initial employment physicals (Employee #2 and #5).  Severity: 2      Scope: 2	Y 103	TO ENSURE ALL PAPERWORK IS COMPLETE. FROM THEN ON NO EMPLOYEE WILL BE HIRED UNLESS ALL PAPERWORK IS COMPLETE. ADMINISTRATOR WILL MONITOR FOR COMPLIANCE AND OWNER OF FACILITY WILL BE IN CHARGE. PHYSICAL EXAM EXHIBIT 1 - OF EMPLOYEES 2 & 5 Y105 EMPLOYEE #1 HAD HIS FINGERPRINTS TAKEN 11/13/10 BUT THE RESULTS WERE NEVER RECEIVED FROM THE STATE + FBI UNTIL 02/20/11 WHEN HIS FINGERPRINTS WERE RETURNED FOR MISSING ACCOUNT #. HIS FINGERPRINTS WERE RESUBMITTED 03/01/11. EMPLOYEE #5 HAD HER FINGERPRINTS TAKEN 02/22/11 AND WAS SENT 03/01/11. I HAVE A MEETING WITH THE OWNER + EMPLOYEES OF THE FACILITY TO MAKE SURE ALL FILES ARE COMPLETE BEFORE ANYONE IS HIRED. FILES OF THE EMPLOYEES WILL BE REVIEWED EVERY 3 MONTHS TO ENSURE COMPLIANCE. ADMINISTRATOR WILL MONITOR + OWNER IS IN CHARGE TO ENSURE COMPLIANCE. EXHIBIT 2 - COPIES OF FINGERPRINTS EXHIBIT 3 - RECEIPT FOR MAILING OF FINGERPRINTS	2/25/11
Y 105 SS=E	449.200(1)(f) Personnel File - Background Check  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.  This Regulation is not met as evidenced by: Based on record review on 2/2/11, the facility failed to ensure 2 of 5 employees met background check requirements of NRS 449.176 to 449.188 (Employee #1-missing results of State and FBI background checks and Employee #5- no fingerprints done within 10 days of hire).  This was a repeat deficiency from the 1/15/10 State Licensure survey.  Severity: 2      Scope: 2	Y 105 HE OK		

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Y 877 Y 877 SS=D	Continued From page 2  449.2742(5) OTC medications & Dietary Supplements  NAC 449.2742 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medication and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744.  This Regulation is not met as evidenced by: Based on record review and interview on 2/2/11, the facility did not obtain physician orders to administer over-the-counter (OTC) medications to 1 of 5 residents (Resident #3- Tylenol 500 milligrams and Vitamin C 500 milligrams).  Severity: 2 Scope: 1	Y 877 Y 877 AE OL	<u>Y877</u> AN ORDER FROM THE DOCTOR OF RESIDENT #3 WAS TAKEN ON 2/14/11 FOR Tylenol + VIT C 500MG. THERE WAS AN ORIGINAL ORDER DATED 01/26/11 IN THE PLAN OF CARE OF MEDICATION BUT THE Tylenol WAS WRITTEN AS 325 MG INSTEAD OF 500MG. I HAVE A MEETING WITH THE OWNERS + EMPLOYEES TO MAKE SURE THAT THE FILES OF THE RESIDENTS ARE REVIEWED EVERY 3 MONTHS TO ENSURE THAT ALL FILES ARE COMPLETE. ADMINISTRATION WILL MONITOR AND OWNER IS IN CHARGE FOR COMPLIANCE.  <u>EXHIBIT 4</u> - DR'S ORDER <u>EXHIBIT 5</u> - PLAN OF CARE OF MEDICATION.	2/14/11
Y 922 SS=E	449.2748(3)(a) Medication Labeling  NAC 449.2748	Y 922		

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Y 922	<p>Continued From page 3</p> <p>3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be:</p> <p>(a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview on 2/2/11, the facility failed to ensure medications were plainly labeled for 2 of 5 residents (Resident #2-Ferrous Sulfate and Resident #3-multivitamin).</p> <p>Severity: 2 Scope: 2</p>	Y 922 <u>AE</u> <u>DL</u>	<p><u>Y 922</u> All medications are labeled as soon as it is delivered to the facility. I have instructed the employees to make sure that any medications (vitamins / over the counter) are labeled accordingly. All medications will be checked monthly to ensure compliance. Administrator is in charge.</p> <p><u>Exhibit 6</u> - Pictures of medications with labels.</p>	2/2/11

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